REQUEST FOR PATENT FEE REFUND

| 1 Date of Request: _____ | 2 Serial/Patent # 10/519496 |

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing	1	12/30/04	$ 100
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

| | 7 TOTAL AMOUNT OF REFUND | $ 100 |

8 TO BE REFUNDED BY:

	Treasury Check
10 REASON:	
✓ Overpayment	✓ Credit Deposit A/C #:
Duplicate Payment	9 50--2215
No Fee Due (Explanation):	

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson   TITLE: paralegal
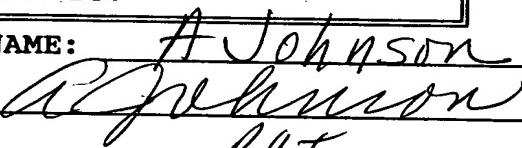
SIGNATURE: A Johnson   PHONE: 308-9140

OFFICE: PCT

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577
(01/90)

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**